

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/840538

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	6
INDEPENDENT CLAIMS	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	7	Minus	... 20 = 6
Independent	2	Minus	... 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY
TYPE OR OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL		OR TOTAL	710

OTHER THAN
SMALL ENTITY

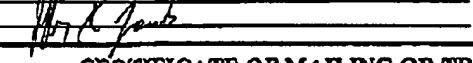
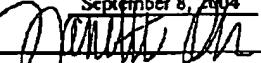
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		X80=	
+135=		+270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEP 08 2004

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL		Application Number	09/840,538
		Filing Date	April 23, 2001
		First Named Inventor	Love et al.
		Group Art Unit	2683
		Examiner Name	Ewart, James D.
		Attorney Docket Number	CE08613R
<p>This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).</p>			
<p>1. Submission required under 37 C.F.R. 1.114 Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).</p> <p>a. <input checked="" type="checkbox"/> Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.</p> <p>ii. <input type="checkbox"/> Other _____.</p> <p>b. <input type="checkbox"/> Enclosed</p> <p>i. <input type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Other _____.</p>			
<p>2. <input type="checkbox"/> Miscellaneous</p> <p>a. <input type="checkbox"/> Suspension of Action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(l) required.)</p> <p>b. <input type="checkbox"/> Other _____.</p>			
<p>3. <input checked="" type="checkbox"/> Fees The RCE fee under 37 C.F.R. 1.117 (e) is required by 37 C.F.R. 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502117.</p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 C.F.R. 1.17(e)</p> <p>ii. <input type="checkbox"/> Extension of time fee (37 C.F.R. 1.136 and 1.17)</p> <p>iii. <input type="checkbox"/> Other _____.</p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed.</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>			
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Printed/Type) Signature	Jeffrey K. Jacobs 	Reg. No. Date	44,798 September 8, 2004
CERTIFICATE OF MAILING OR TRANSMISSION			
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on: September 8, 2004</p> <p>Name <u>Nanette Orr</u> Signature <u></u></p>			

FEE**TRANSMITTAL**

Patent fees are subject to annual revision

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Application Number	09/840,638
Filing Date	April 23, 2001
First Named Inventor	Love et al.
Examiner Name	Ewart, James D.
Group Art Unit	2683
TOTAL AMOUNT OF PAYMENT	(\$)
Attorney Docket No.	CE08613R

METHOD OF PAYMENT (check all that apply) Check Credit card Money Order Other None Deposit Account:Deposit Account Number **502117**Deposit Account Name **Motorola, Inc.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1081	130	2051	85	Surcharge - late filing fee or each
1082	50	2052	25	Surcharge - late Provisional filing
1083	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	820*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1605	1840*	Requesting publication of SIR after Examiner action
1261	110	2251	55	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	930	2263	475	Extension for reply within three months
1254	1480	2254	740	Extension for reply within fourth month
1255	2010	2265	1005	Extension for reply within fifth month
1401	330	2401	185	Notice of Appeal
1402	330	2402	166	Filing a brief in support of an appeal
1403	280	2403	145	Request for oral hearing
				Petition to institute a public use proceeding
1451	1610	1451	1510	Petition to revive - unallowable
1452	110	2452	65	Petition to revive - unintentional
1453	1330	2453	665	Utility issue fee (or reissue)
1501	1330	2601	665	Design issue fee
1502	480	2502	240	Plant issue fee
1503	640	2503	320	Petitions to the Commissioner
1460	130	1460	130	Proceeding fee under 37 CFR 1.17(g)
1807	50	1807	50	Submission of IDS
1808	180	1808	180	Recording each patent assignment per property (three number of proposed)
2021	40	5021	40	Filing a submission after final rejection (37 CFR § 1.129(a))
1809	770	2809	385	For each additional invention to be examined (37 CFR § 1.129(b))
1810	770	2810	385	Request for Continued Examination (RCE)
1801	770	2801	385	Request for expedited examination of a design application
1802	900	1802	900	Other fee (specify) _____

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEESPreviously Paid = **20** + **3** = **23** X **18** = **414** = Fee Paid

Total Claims

23

Independent Claims

3X **86** = **258** = Fee Paid

Multiple Dependent

290 = Fee Paid

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 * Reissue independent claims over original patent
1206	18	2205 9 * Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

* or number previously paid, if greater. For Reissues, see above.

SUBTOTAL (3) (\$)

* Reduced by Basic Filing Fee Paid

Complete (if applicable)

SUBMITTED BY

Name (Print/Type)

Jeffrey K. Jacobs

Registration No. 44,798 Telephone 847-576-5552

Signature

Jeffrey K. Jacobs

Date September 8, 2004